

Expected Practices

Specialty: Women's Health
Subject: Infertility in Women
Date: April 14, 2014

Purpose:

To offer best practice guidance on the care of women of reproductive age who seek advice or treatment regarding fertility.

Target Audience:

Primary Care Providers and other Women's Health Providers and Sub-Specialists.

Expected Practice:

Guidance for initial evaluation of infertility. If additional questions arise, please do not hesitate to submit eConsult to discuss with the specialist.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

Infertility	<u>Definition:</u>	<u>Initial Assessment & Recommendations:</u>	<u>When to eConsult:</u>
	<p>Failure to conceive after regular*, unprotected intercourse for 12 months</p> <p>*regular intercourse is typically quantified as 2-3 times per week</p>	<ol style="list-style-type: none"> 1. Education of modifiable lifestyle factors including frequency and timing of intercourse 2. Preconception counseling 	<ol style="list-style-type: none"> 1. Women <35 years who have not successfully conceived after 12 months of regular intercourse 2. Women ≥ 35 years who have not successfully conceived after 6 months of regular intercourse 3. Women with a detectable cause or predisposing factor for infertility during initial assessment may be immediately referred via eConsult for specialty evaluation, assuming chronic medical conditions and medications are optimized

Universal Recommendations

1. Modify lifestyle factors to maximize likelihood of natural conception:

- a. Sex every 2-3 days will maximize the likelihood of pregnancy
 - i. OTC ovulation kits may assist with timed intercourse if unable to have sex every 2-3 days
- b. Smoking cessation
- c. Maintain BMI between 19 – 30
- d. Avoidance of OTCs (e.g. NSAIDs), which may impair fertility
- e. Abstain from recreational drugs

2. Preconception counseling

- a. Address and optimize chronic medical conditions, for example:
 - i. Optimize glucose/glycemic control in diabetic patients.
 - ii. Ensure patient is not being treated with potentially teratogenic medications.
- b. No more than 1- 2 units of alcohol once or twice per week and avoid intoxication.
- c. Folic Acid supplementation:
 - i. 0.4 mg daily
 - ii. 4.0 mg daily if previous infant with neural tube defect or on anti-epileptic
- d. Rubella/varicella susceptibility – check titers; immunize if susceptible and willing to avoid pregnancy for 1 month after immunization.
- e. HIV/Hep B/Hep C screening per CDC guidelines.
- f. Cervical Screening per USPSTF guidelines.

Initial Assessment: determine if patient meets clinical criteria for infertility or meets criteria for early referral via eConsult due to identifiable predisposing factors for infertility

1. History:

- a. Age
- b. Length of time attempting conception
- c. Frequency of intercourse
- d. Previous evaluation or treatment for infertility?
- e. Male partner's previous evaluation or treatment for infertility, including semen analysis?
- f. Does the patient have regular menstrual cycles (every 25 – 35 days)

- i. Cycles outside of this range are an indication for early eConsult for possible ovulatory abnormality
- g. History of PID? Ectopic pregnancy? Endometriosis? Pelvic surgery?
 - i. Positive history of the above is an indication for early eConsult for possible tubal abnormality
- h. Does the patient have any symptoms indicative of other endocrine disorder (e.g. galactorrhea, change in hair distribution)?
 - i. Positive history of the above may reveal a need for additional diagnostic testing and evaluation prior to eConsult per clinician's judgment
- i. Does the patient have any chronic medical conditions or medication usage that must be optimized or adjusted prior to eConsult for infertility?
 - i. Consider optimization in consultation with Perinatologist as needed.

2. Exam:

- a. Height, weight and body mass index (BMI)
- b. Thyroid exam
- c. Evidence of hirsutism, virilization, or other evidence of endocrinopathy
 - i. Positive history of the above may reveal a need for additional diagnostic testing and evaluation prior to eConsult per clinician's judgment
- d. Consider a vaginal – pelvic exam to confirm normal anatomy

3. Studies:

- a. Preconception studies as described above
- b. No additional studies are required prior to eConsult if the H&P support referral for additional infertility evaluation or treatment
- c. Tests that are indicated only when H & P are suggestive:
 - i. Thyroid function and prolactin
 - ii. Additional hormone levels to evaluate findings of hirsutism or virilization (e.g testosterone, DHEAS)
 - iii. Ultrasound when an anatomical abnormality is suspected
- d. Depending on provider comfort and experience, a mid-luteal cycle progesterone level may be obtained to document ovulation

References:

- American Society for Reproductive Medicine. Fertility and Sterility vol. 98(2). August 2012. 302-307.
- National Institute for Health and Clinical Excellence (NICE) Fertility: assessment and treatment for people with fertility problems. February 2013. Royal College of Obstetricians and Gynaecologists.